

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01130

1141

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE,	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION LIFE TIME		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WOOD Middle BAILEY Last BAILEY		4. DATE OF DEATH Month I Day 16 Year 1958	
5. SEX MALE	6. COLOR OR RACE COLORED	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/19/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY SAW MILL	9. AGE (In years last birthday) 74 yrs.
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U S A.	
13. FATHER'S NAME HENRY BAILEY		14. MOTHER'S MAIDEN NAME SARAH WATERS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-30-8854	
17. INFORMANT RUSHA BAILEY PRINCESS ANNE, MARYLAND		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Cystitis 605X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Bronchial Asthma		INTERVAL BETWEEN ONSET AND DEATH 3 years	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from May 15, 1954 to Jan 16, 1958 , that I last saw the deceased alive on Jan 14, 1958 , and that death occurred at 10 A. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Eldon G. Markman, M.D. Princess Anne, Md.			
ACTUAL SIGNATURE Eldon G. Markman, M.D.			
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 1/19/58	22c. NAME OF CEMETERY OR CREMATORY MT ZION	22d. LOCATION (City, town, or county) (State) POLK MARYLAND
23. FUNERAL DIRECTOR'S SIGNATURE		24a. REC'D BY REGISTRAR DATE JAN 20 '58	24b. REGISTRAR'S SIGNATURE Alfred Smith

CERTIFICATE OF DEATH

BUREAU V. R.

AN 30 1953

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01131

Reg. Dist. No.

1. PLACE OF DEATH <small>(a) COUNTY</small> <div style="text-align: center; font-size: 1.2em;">Somerset</div> <div style="text-align: center; font-size: 0.8em;">MARYLAND</div>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <small>a. STATE</small> <div style="text-align: center; font-size: 1.2em;">Maryland</div> <small>b. COUNTY</small> <div style="text-align: center; font-size: 1.2em;">Somerset</div>	
<small>b. CITY OR TOWN</small> (If outside corporate limits, write RURAL and give nearest town) <div style="text-align: center; font-size: 1.2em;">Princess Anne</div>		<small>c. LENGTH OF STAY IN 1b</small> <div style="text-align: center; font-size: 1.2em;">13 years</div>	
<small>d. NAME OF HOSPITAL OR INSTITUTION</small> (If not in hospital, give street address)		<small>e. CITY OR TOWN</small> (If outside corporate limits, write RURAL and give nearest town) <div style="text-align: center; font-size: 1.2em;">Princess Anne</div>	
3. NAME OF DECEASED <small>(Type or print)</small> <div style="text-align: center; font-size: 1.2em;">Anna E. Bellinger</div>		4. DATE OF DEATH <div style="text-align: center; font-size: 1.2em;">Jan. 25 19 58</div>	
5. SEX <div style="text-align: center; font-size: 1.2em;">female</div>	6. COLOR OR RACE <div style="text-align: center; font-size: 1.2em;">white</div>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <div style="text-align: center; font-size: 1.2em;">WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></div>	8. DATE OF BIRTH <div style="text-align: center; font-size: 1.2em;">4-15-1893</div>
9. AGE (In years last birthday) <div style="text-align: center; font-size: 1.2em;">64 yrs.</div>		10. AGE (In years last birthday) <div style="text-align: center; font-size: 1.2em;">64 yrs.</div>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <div style="text-align: center; font-size: 1.2em;">none</div>		10b. KIND OF BUSINESS OR INDUSTRY <div style="text-align: center; font-size: 1.2em;">none</div>	
11. BIRTHPLACE (State or foreign country) <div style="text-align: center; font-size: 1.2em;">Maryland</div>		12. CITIZEN OF WHAT COUNTRY? <div style="text-align: center; font-size: 1.2em;">U.S.A</div>	
13. FATHER'S NAME <div style="text-align: center; font-size: 1.2em;">Jacob Long</div>		14. MOTHER'S MAIDEN NAME <div style="text-align: center; font-size: 1.2em;">Hester Derhamer</div>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <small>(Yes, no, or unknown)</small> <div style="text-align: center; font-size: 1.2em;">no</div>		16. SOCIAL SECURITY NO. 	
17. INFORMANT <div style="text-align: center; font-size: 1.2em;">Miss Jeannette Bellinger Pr. Anne, Md.</div>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <div style="text-align: center; font-size: 1.2em;">Cardiovascular-renal</div>	
19. WAS AUTOPSY PERFORMED? <div style="text-align: center; font-size: 1.2em;">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></div>		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. TIME OF INJURY Month, Day, Year <div style="text-align: center; font-size: 1.2em;">19</div>	
20c. INJURY OCCURRED <div style="text-align: center; font-size: 1.2em;">While at work <input type="checkbox"/> Not while at work <input type="checkbox"/></div>		20d. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20e. (City or town) (County) (State)		21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>	
22. ACTUAL SIGNATURE <div style="text-align: center; font-size: 1.2em;">R. H. Johnson</div>		23. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
24. EXAMINER'S NAME (Type) <div style="text-align: center; font-size: 1.2em;">R. H. Johnson, M.D.</div>		25. DATE SIGNED <div style="text-align: center; font-size: 1.2em;">January 27, 1958</div>	
26. BURIAL, CREMATION, REMOVAL (Specify) <div style="text-align: center; font-size: 1.2em;">burial</div>		27. DATE THEREOF <div style="text-align: center; font-size: 1.2em;">I-29-58</div>	
28. NAME OF CEMETERY OR CREMATORY <div style="text-align: center; font-size: 1.2em;">Arlington National Cemetery</div>		29. LOCATION (City, town, or county) (State) <div style="text-align: center; font-size: 1.2em;">Arlington, Va.</div>	
30. FUNERAL DIRECTOR'S SIGNATURE <div style="text-align: center; font-size: 1.2em;">Lewis B. Wilson</div>		31. ADDRESS <div style="text-align: center; font-size: 1.2em;">Princess Anne, Md.</div>	
32. REC'D BY REGISTRAR <div style="text-align: center; font-size: 1.2em;">JAN 29 1958</div>		33. REGISTRAR'S SIGNATURE <div style="text-align: center; font-size: 1.2em;">[Signature]</div>	

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BUREAU V. 3

JAN 29 1939

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01132

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>SOMERSET</u> MARYLAND CITY OR TOWN <u>DEAL ISLAND</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>AT HOME</u>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u> CITY OR TOWN <u>DEAL ISLAND</u> STREET ADDRESS <u>MAIN ROAD</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First) <u>T.</u> (Middle) <u>BENNETT</u> (Last)				4. DATE OF DEATH <u>JAN 20</u> 19 <u>58</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 18-1873</u>	9. AGE last birthday <u>84</u> yrs.	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WOOD-OIL DEALER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WATER OIL</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN BENNETT</u>				14. MOTHER'S MAIDEN NAME <u>VIRGINIA JONES</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>218-34-9565A</u>		17. INFORMANT & ADDRESS <u>EMMA WEBSTER-DEAL ISLAND MD.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X IMMEDIATE CAUSE (A) <u>Cerebral vascular accident</u>						<u>36 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>generalized arteriosclerosis</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-14-57</u> , 19 <u>57</u> , to <u>1-20-58</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-20-58</u> , 19 <u>58</u> , and that death occurred at <u>11am</u> , from the causes and on the date stated above.							
SIGNATURE <u>Everett C. Sutter</u> <u>Everett C. Sutter MD</u>				ADDRESS (Street, city, town, state) <u>Danes Quarter, Maryland</u>		DATE SIGNED <u>1-23-58</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>1/23/58</u>	NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S</u>		LOCATION (City, town, or county) (State) <u>Deal Island Md.</u>			
24. REC'D BY REGISTRAR <u>Jan 27 '58</u>	REGISTRAR'S SIGNATURE <u>W. S. Sutter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. S. Webster</u>		ADDRESS <u>Deal Island Md.</u>		

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

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DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

BUREAU V. 1

JAN 27 1958

RECEIVED

1144

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. LENGTH OF STAY IN 1b 11 DAYS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EDW. W. MCCREADY MEMORIAL HOSP.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DAISY Middle BRITTINGHAM Last BRITTINGHAM		4. DATE OF DEATH Month JANUARY Day 10 Year 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUGUST 9, 1885 72 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 72 yrs
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME HENRY HENDERSON		14. MOTHER'S MAIDEN NAME AMANDA MERRILL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT FRANCIS BRITTINGHAM, WESTOVER, MD.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 332x DUE TO Uremia Acute Septic Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Cerebral Infection, R. Meningeal (c) Pulmonary Infection INTERVAL BETWEEN ONSET AND DEATH 5 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 260x General Arterio Sclerosis. Double nephros			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Dec 30, 1957 to Jan 10, 1958 , that I last saw the deceased alive on Jan 9, 1958 , and that death occurred at 7:30 PM from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 1/10/58 ACTUAL SIGNATURE George C. Coulbourn M.D. Marion St PHYSICIAN'S NAME (Type) GEORGE C. COULBOURN, M.D. MARION STATION, MARYLAND			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 1-12-58	22c. NAME OF CEMETERY OR CREMATORY Cokebury Cemetery	22d. LOCATION (City, town, or county) (State) Cokebury MD
23. FUNERAL DIRECTOR'S SIGNATURE Levin B. Wilson Prince and		24a. REC'D BY REGISTRAR DATE JAN 14 '58	24b. REGISTRAR'S SIGNATURE W. L. Smith

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar for use as the burial-transit permit.

CERTIFICATE OF DEATH

BUREAU V. S.

JAN 14 1959

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01134

1145

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne</u>		c. LENGTH OF STAY IN 1b <u>86 yrs.</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Robert F. Duer</u>		4. DATE OF DEATH <u>Jan. 5 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 23, 1871</u>
9. AGE (In years last birthday) <u>86</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ldw</u>	
11. BIRTHPLACE (State or foreign country) <u>Princess Anne, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward F. Duer</u>		14. MOTHER'S MAIDEN NAME <u>Virginia White</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>E. Mc Master Duer, Jr. Anne</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> <u>177X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Carcinoma of prostate</u> DUE TO (c) <u>6 month.</u>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>491X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>May 1957</u> to <u>Jan 5 1958</u> , that I last saw the deceased alive on <u>1-4-58</u> , 19, and that death occurred at <u>2:04 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>William H. Fisher, Jr.</u> M.D.		ADDRESS (Street, city or town, state) <u>Salisbury, Md.</u> DATE SIGNED <u>1-5-58</u>	
PHYSICIAN'S NAME (Type)			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>1/7/58</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>St. Andrews Cem.</u>		22d. LOCATION (City, town, or county) (State) <u>Princess Anne, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Levin R. Wilson</u>		ADDRESS <u>Princess Anne</u>	
24a. REC'D BY REGISTRAR <u>DATE JAN 10 '58</u>		24b. REGISTRAR'S SIGNATURE <u>Quincy</u>	

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH - BUREAU OF VITAL RECORDS

DATE OF DEATH

BUREAU V. S.

JAN 10 1968

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Form 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 01135

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover Md		c. LENGTH OF STAY IN 1b Life	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover Md.	
3. NAME OF DECEASED (Type or print) First Algie Middle Handy Last Handy		4. DATE OF DEATH Month January Day 15 Year 1958	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH About 1869
9. AGE (In years last birthday) 89 yrs.		10. IF UNDER 1 YEAR: Months 8 Days 9 Hours 0 Min 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Rail Road	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Handy		14. MOTHER'S MAIDEN NAME Amelia - ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT Dorothy Dashiield Address Westover Md.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock and Exposure in 93 a.o DUE TO Freezing weather Conditions, if any, which gave rise to immediate cause (b) (c) (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (b) INTERVAL BETWEEN ONSET AND DEATH 8-10 hrs			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Lived alone in Shack 76 Fire-	
20c. TIME OF INJURY Month, Day, Year 7 Hour a. m. Jan 15 1958		20d. INJURY OCCURRED While <input checked="" type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) Home		20f. (City or town) Westover (County) Somerset (State) Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE R.H. Johnson		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) R.H. Johnson		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Jan 20-1958	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 1/20/58	
22c. NAME OF CEMETERY OR CREMATORY St James		22d. LOCATION (City, town, or county) Westover Md (State) Md	
23. FUNERAL DIRECTOR'S SIGNATURE William H. Johnson ADDRESS Westover Md		24a. REC'D BY REGISTRAR JAN 24 '58 DATE JAN 24 '58	
		24b. REGISTRAR'S SIGNATURE William H. Johnson	

BUREAU V. 2

IAN 1980

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01136

Reg. Dist. No.

1147

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne - RFD		c. LENGTH OF STAY IN 1b Life time		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne - Rural Rt. 1 (Rt. Vernon)			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sarah Gale Harris				4. DATE OF DEATH Month Day Year January 8, 19 58			
5. SEX F male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 3, 1900		9. AGE (In years last birthday) 57 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY oyster shucker		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Gale				14. MOTHER'S MAIDEN NAME Annie Waters			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT John Gale - Rt. 1 - Princess Anne, Md. Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia of both rt. and left 441X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) upper lobes of the lungs. DUE TO (c) Diagnosis made after autopsy							INTERVAL BETWEEN ONSET AND DEATH 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE R. H. Johnson				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED	
EXAMINER'S NAME (Type) R. H. Johnson, M.D.				DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		January 14, 1958	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 1/14/58		22c. NAME OF CEMETERY OR CREMATORY St. Paul		22d. LOCATION (City, town, or county) (State) Rt. Vernon - Somerset Co., Md.	
23. FUNERAL DIRECTOR'S SIGNATURE William H. James Jr				ADDRESS Princess Anne, Md.		24a. REC'D BY REGISTRAR DATE	
						24b. REGISTRAR'S SIGNATURE	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

BUENOS A. S.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

01137

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>At Home - Main ST.</u>		d. STREET ADDRESS <u>Main ST.</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>H.</u> Last <u>LOWE SR</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>2</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 23 - 1896</u>
9. AGE (In years lost birthday) <u>67</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS Months <u>-</u> Days <u>-</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Seafood</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>WILLARD F. LOWE</u>		14. MOTHER'S MAIDEN NAME <u>HATTIE PARKS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO <u>214-16-4341</u>	
17. INFORMANT <u>William Lowe Jr. - Crisfield Md</u>		Address <u>Crisfield Md</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>445X</u> <u>malignant hypertension</u> DUE TO (b) <u>Arteriosclerosis -</u> DUE TO (c) <u>-</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.			INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Jan 2</u> , 19 <u>58</u> , to <u>Jan 7</u> , 19 <u>58</u> ; that I last saw the deceased alive on <u>Jan 1</u> , 19 <u>58</u> , and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Samuel M. Peyton</u> M.D.		ADDRESS (Street, city or town, state) <u>3341 - Crisfield 4257</u>	
PHYSICIAN'S NAME (Type) <u>Samuel M. Peyton</u>		DATE SIGNED <u>Jan 7 1958</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF <u>Jan 4 - 1958</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Sunnyside Memorial Park</u>	22d. LOCATION (City, town, or county) (State) <u>Crisfield Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Webster</u>		24. REC'D BY REGISTRAR <u>Jan 10 '58</u>	25. REGISTRAR'S SIGNATURE <u>Richard</u>

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar for burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU A. S.

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RECEIVED

1148

CERTIFICATE OF DEATH

Reg. Dist. No. 01138

1. PLACE OF DEATH a. COUNTY somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess anne		c. LENGTH OF STAY IN 1b LIFE TIME	
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) x PRINCESS ANNE MARYLAND		d. STREET ADDRESS 1	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HOWARD Middle SAMUEL Last MORRIS		4. DATE OF DEATH Month I Day 28 Year 1958	
5. SEX Male	6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/12/1884
9. AGE (In years last birthday) 73 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBOR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBOR		10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U S A.	
13. FATHER'S NAME ALBERT MORRIS		14. MOTHER'S MAIDEN NAME HENNETTA GRAY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT WILLIAM H. JAMES JR		Address PRINCESS ANNE, MARYLAND	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) 3 years DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic cystitis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Aug 27, 1957 to Jan 26, 1958 , that I last saw the deceased alive on Jan 26, 1958 , and that death occurred at 4:00 PM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Eldon G. Markman M.D.		ADDRESS (Street, city or town, state) Princess Anne, Maryland	
PHYSICIAN'S NAME (Type) ELDON G. MARKMAN		DATE SIGNED 1-28-58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 1/30/58	
22c. NAME OF CEMETERY OR CREMATORY John Wesley		22d. LOCATION (City, town, or county) (State) PRINCESS ANNE, MARYLAND	
23. FUNERAL DIRECTOR'S SIGNATURE William H. James Jr		24a. REC'D BY REGISTRAR Jan 29 1958	
24b. REGISTRAR'S SIGNATURE W. H. James Jr		24c. REGISTRAR'S SIGNATURE W. H. James Jr	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the register prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1138

CERTIFICATE OF DEATH

Reg. Dist. No.

01139

1 PLACE OF DEATH a. COUNTY Somerset MARYLAND		2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield	
c. LENGTH OF STAY IN 1b 33 years		d. STREET ADDRESS 417 Myrtle St.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 417 Myrtle St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3 NAME OF DECEASED (Type or print) First ROSA Middle SERGEANT Last PARKS		4. DATE OF DEATH Month January Day 18, Year 1958	
5 SEX Female	6 COLOR OR RACE White	7 MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1868
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	
11 BIRTHPLACE (State or foreign country) Dames Quarter, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Clay McCoy		14. MOTHER'S MAIDEN NAME Leah A. Todd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO	
17. INFORMANT Mrs. Clarence Todd, Crisfield, Maryland		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) cerebral hemorrhage DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) arteriosclerosis DUE TO (c) hypertension INTERVAL BETWEEN ONSET AND DEATH 6 mo			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan 1, 1958 to Jan 18, 1958 , that I last saw the deceased alive on Jan 18, 1958 , and that death occurred at 10:30 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Crisfield, Maryland DATE SIGNED 1/19/58			
ACTUAL SIGNATURE Sarah M. Peyton M.D. 3261 Main St.			
PHYSICIAN'S NAME (Type) Sarah M. Peyton, M. D.		Crisfield, Maryland	
22a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	22b. DATE THEREOF 1-20-58	22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	22d. LOCATION (City, town, or county) (State) Crisfield, Maryland
23 FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland		ADDRESS DATE 21 '58	
24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	

BUREAU V. S.

JAN 11 1900

RECEIVED

1139

CERTIFICATE OF DEATH

01140

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b 13 Years			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Asbury Section				e. STREET ADDRESS Asbury Section			
3. NAME OF DECEASED (Type or print) First Middle Last WALTER KOONTZ RICE				4. DATE OF DEATH Month Day Year January 12 19 58			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 30, 1903	9. AGE (In years last birthday) 54 yrs.	IF UNDER 1 YEAR Months Days Hours Min	IF UNDER 24 HRS Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Bakery (Wholesale)		11. BIRTHPLACE (State or foreign country) Middleport, Ohio		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Elbert H. Rice				14. MOTHER'S MAIDEN NAME Evelyn Keontz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO 277-10-9287		17. INFORMANT Address Mrs. Doris H. Rice—Crisfield, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY— IMMEDIATE CAUSE (a) Myocardial Infarction 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Coronary Insufficiency DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH Fast on onset One year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) June 11, 1953 E.H.B.	20f. (City or town) Crisfield	(County)	(State)		
21. I certify that I attended the deceased from Jan 8, 1958 to Jan 12, 1958 , that I last saw the deceased alive on Jan 11, 1958 , and that death occurred at 9:30 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) 530 W. Main St. Crisfield, Md. DATE SIGNED 1/14/58							
ACTUAL SIGNATURE A. N. Barr		PHYSICIAN'S NAME (Type) Dr. A. N. Barr, M. D. Main St.—Crisfield, Md.					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Jan. 15, 1958	22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	22d. LOCATION (City, town, or county) Crisfield, Md.	(State)			
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons—Crisfield, Md.			24a. REC'D BY REGISTRAR JAN 17 '58	24b. REGISTRAR'S SIGNATURE Alfred			

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

U. S. A.

NO. 12 17 18

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01141

1149

Reg. Dist. No.

FOR STATE
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover		c. LENGTH OF STAY IN 1b Lifetime		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westover			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural, Westover				d. STREET ADDRESS Rural		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) COULBOURNE ROSS RUARK				4. DATE OF DEATH Month January Day 21 , Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4, 1929		9. AGE (in years last birthday) 28 yrs	IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kingston, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Ruark				14. MOTHER'S MAIDEN NAME Vivian Elizabeth Ross			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 220-26-3449		17. INFORMANT Frank Ruark, Westover, Maryland			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Electrocution Accidental INTERVAL BETWEEN ONSET AND DEATH Sudden							
DUE TO (b) Contact between television antenna and overhead electric wire.							
DUE TO (c) 							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH (See Part I for details) William H. Coulbourn, M.D. DEPUTY MEDICAL EXAMINER SOMERSET COUNTY, MD.							
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or 20c, 20d, 20e, 20f, 20g, 20h, 20i, 20j, 20k, 20l, 20m, 20n, 20o, 20p, 20q, 20r, 20s, 20t, 20u, 20v, 20w, 20x, 20y, 20z, 20aa, 20ab, 20ac, 20ad, 20ae, 20af, 20ag, 20ah, 20ai, 20aj, 20ak, 20al, 20am, 20an, 20ao, 20ap, 20aq, 20ar, 20as, 20at, 20au, 20av, 20aw, 20ax, 20ay, 20az, 20ba, 20bb, 20bc, 20bd, 20be, 20bf, 20bg, 20bh, 20bi, 20bj, 20bk, 20bl, 20bm, 20bn, 20bo, 20bp, 20bq, 20br, 20bs, 20bt, 20bu, 20bv, 20bw, 20bx, 20by, 20bz, 20ca, 20cb, 20cc, 20cd, 20ce, 20cf, 20cg, 20ch, 20ci, 20cj, 20ck, 20cl, 20cm, 20cn, 20co, 20cp, 20cq, 20cr, 20cs, 20ct, 20cu, 20cv, 20cw, 20cx, 20cy, 20cz, 20da, 20db, 20dc, 20dd, 20de, 20df, 20dg, 20dh, 20di, 20dj, 20dk, 20dl, 20dm, 20dn, 20do, 20dp, 20dq, 20dr, 20ds, 20dt, 20du, 20dv, 20dw, 20dx, 20dy, 20dz, 20ea, 20eb, 20ec, 20ed, 20ee, 20ef, 20eg, 20eh, 20ei, 20ej, 20ek, 20el, 20em, 20en, 20eo, 20ep, 20eq, 20er, 20es, 20et, 20eu, 20ev, 20ew, 20ex, 20ey, 20ez, 20fa, 20fb, 20fc, 20fd, 20fe, 20ff, 20fg, 20fh, 20fi, 20fj, 20fk, 20fl, 20fm, 20fn, 20fo, 20fp, 20fq, 20fr, 20fs, 20ft, 20fu, 20fv, 20fw, 20fx, 20fy, 20fz, 20ga, 20gb, 20gc, 20gd, 20ge, 20gf, 20gg, 20gh, 20gi, 20gj, 20gk, 20gl, 20gm, 20gn, 20go, 20gp, 20gq, 20gr, 20gs, 20gt, 20gu, 20gv, 20gw, 20gx, 20gy, 20gz, 20ha, 20hb, 20hc, 20hd, 20he, 20hf, 20hg, 20hi, 20hj, 20hk, 20hl, 20hm, 20hn, 20ho, 20hp, 20hq, 20hr, 20hs, 20ht, 20hu, 20hv, 20hw, 20hx, 20hy, 20hz, 20ia, 20ib, 20ic, 20id, 20ie, 20if, 20ig, 20ih, 20ii, 20ij, 20ik, 20il, 20im, 20in, 20io, 20ip, 20iq, 20ir, 20is, 20it, 20iu, 20iv, 20iw, 20ix, 20iy, 20iz, 20ja, 20jb, 20jc, 20jd, 20je, 20jf, 20jg, 20jh, 20ji, 20jj, 20jk, 20jl, 20jm, 20jn, 20jo, 20jp, 20jq, 20jr, 20js, 20jt, 20ju, 20jv, 20jw, 20jx, 20jy, 20jz, 20ka, 20kb, 20kc, 20kd, 20ke, 20kf, 20kg, 20kh, 20ki, 20kj, 20kl, 20km, 20kn, 20ko, 20kp, 20kq, 20kr, 20ks, 20kt, 20ku, 20kv, 20kw, 20kx, 20ky, 20kz, 20la, 20lb, 20lc, 20ld, 20le, 20lf, 20lg, 20lh, 20li, 20lj, 20lk, 20ll, 20lm, 20ln, 20lo, 20lp, 20lq, 20lr, 20ls, 20lt, 20lu, 20lv, 20lw, 20lx, 20ly, 20lz, 20ma, 20mb, 20mc, 20md, 20me, 20mf, 20mg, 20mh, 20mi, 20mj, 20mk, 20ml, 20mm, 20mn, 20mo, 20mp, 20mq, 20mr, 20ms, 20mt, 20mu, 20mv, 20mw, 20mx, 20my, 20mz, 20na, 20nb, 20nc, 20nd, 20ne, 20nf, 20ng, 20nh, 20ni, 20nj, 20nk, 20nl, 20nm, 20nn, 20no, 20np, 20nq, 20nr, 20ns, 20nt, 20nu, 20nv, 20nw, 20nx, 20ny, 20nz, 20oa, 20ob, 20oc, 20od, 20oe, 20of, 20og, 20oh, 20oi, 20oj, 20ok, 20ol, 20om, 20on, 20oo, 20op, 20oq, 20or, 20os, 20ot, 20ou, 20ov, 20ow, 20ox, 20oy, 20oz, 20pa, 20pb, 20pc, 20pd, 20pe, 20pf, 20pg, 20ph, 20pi, 20pj, 20pk, 20pl, 20pm, 20pn, 20po, 20pp, 20pq, 20pr, 20ps, 20pt, 20pu, 20pv, 20pw, 20px, 20py, 20pz, 20qa, 20qb, 20qc, 20qd, 20qe, 20qf, 20qg, 20qh, 20qi, 20qj, 20qk, 20ql, 20qm, 20qn, 20qo, 20qp, 20qq, 20qr, 20qs, 20qt, 20qu, 20qv, 20qw, 20qx, 20qy, 20qz, 20ra, 20rb, 20rc, 20rd, 20re, 20rf, 20rg, 20rh, 20ri, 20rj, 20rk, 20rl, 20rm, 20rn, 20ro, 20rp, 20rq, 20rr, 20rs, 20rt, 20ru, 20rv, 20rw, 20rx, 20ry, 20rz, 20sa, 20sb, 20sc, 20sd, 20se, 20sf, 20sg, 20sh, 20si, 20sj, 20sk, 20sl, 20sm, 20sn, 20so, 20sp, 20sq, 20sr, 20ss, 20st, 20su, 20sv, 20sw, 20sx, 20sy, 20sz, 20ta, 20tb, 20tc, 20td, 20te, 20tf, 20tg, 20th, 20ti, 20tj, 20tk, 20tl, 20tm, 20tn, 20to, 20tp, 20tq, 20tr, 20ts, 20tt, 20tu, 20tv, 20tw, 20tx, 20ty, 20tz, 20ua, 20ub, 20uc, 20ud, 20ue, 20uf, 20ug, 20uh, 20ui, 20uj, 20uk, 20ul, 20um, 20un, 20uo, 20up, 20uq, 20ur, 20us, 20ut, 20uu, 20uv, 20uw, 20ux, 20uy, 20uz, 20va, 20vb, 20vc, 20vd, 20ve, 20vf, 20vg, 20vh, 20vi, 20vj, 20vk, 20vl, 20vm, 20vn, 20vo, 20vp, 20vq, 20vr, 20vs, 20vt, 20vu, 20vv, 20vw, 20vx, 20vy, 20vz, 20wa, 20wb, 20wc, 20wd, 20we, 20wf, 20wg, 20wh, 20wi, 20wj, 20wk, 20wl, 20wm, 20wn, 20wo, 20wp, 20wq, 20wr, 20ws, 20wt, 20wu, 20wv, 20ww, 20wx, 20wy, 20wz, 20xa, 20xb, 20xc, 20xd, 20xe, 20xf, 20fg, 20fh, 20fi, 20fj, 20fk, 20fl, 20fm, 20fn, 20fo, 20fp, 20fq, 20fr, 20fs, 20ft, 20fu, 20fv, 20fw, 20fx, 20fy, 20fz, 20ga, 20gb, 20gc, 20gd, 20ge, 20gf, 20gg, 20gh, 20gi, 20gj, 20gk, 20gl, 20gm, 20gn, 20go, 20gp, 20gq, 20gr, 20gs, 20gt, 20gu, 20gv, 20gw, 20gx, 20gy, 20gz, 20ha, 20hb, 20hc, 20hd, 20he, 20hf, 20hg, 20hi, 20hj, 20hk, 20hl, 20hm, 20hn, 20ho, 20hp, 20hq, 20hr, 20hs, 20ht, 20hu, 20hv, 20hw, 20hx, 20hy, 20hz, 20ia, 20ib, 20ic, 20id, 20ie, 20if, 20ig, 20ih, 20ii, 20ij, 20ik, 20il, 20im, 20in, 20io, 20ip, 20iq, 20ir, 20is, 20it, 20iu, 20iv, 20iw, 20ix, 20iy, 20iz, 20ja, 20jb, 20jc, 20jd, 20je, 20jf, 20jg, 20jh, 20ji, 20jj, 20jk, 20jl, 20jm, 20jn, 20jo, 20jp, 20jq, 20jr, 20js, 20jt, 20ju, 20jv, 20jw, 20jx, 20jy, 20jz, 20ka, 20kb, 20kc, 20kd, 20ke, 20kf, 20kg, 20kh, 20ki, 20kj, 20kl, 20km, 20kn, 20ko, 20kp, 20kq, 20kr, 20ks, 20kt, 20ku, 20kv, 20kw, 20kx, 20ky, 20kz, 20la, 20lb, 20lc, 20ld, 20le, 20lf, 20lg, 20lh, 20li, 20lj, 20lk, 20ll, 20lm, 20ln, 20lo, 20lp, 20lq, 20lr, 20ls, 20lt, 20lu, 20lv, 20lw, 20lx, 20ly, 20lz, 20ma, 20mb, 20mc, 20md, 20me, 20mf, 20mg, 20mh, 20mi, 20mj, 20mk, 20ml, 20mm, 20mn, 20mo, 20mp, 20mq, 20mr, 20ms, 20mt, 20mu, 20mv, 20mw, 20mx, 20my, 20mz, 20na, 20nb, 20nc, 20nd, 20ne, 20nf, 20ng, 20nh, 20ni, 20nj, 20nk, 20nl, 20nm, 20nn, 20no, 20np, 20nq, 20nr, 20ns, 20nt, 20nu, 20nv, 20nw, 20nx, 20ny, 20nz, 20oa, 20ob, 20oc, 20od, 20oe, 20of, 20og, 20oh, 20oi, 20oj, 20ok, 20ol, 20om, 20on, 20oo, 20op, 20oq, 20or, 20os, 20ot, 20ou, 20ov, 20ow, 20ox, 20oy, 20oz, 20pa, 20pb, 20pc, 20pd, 20pe, 20pf, 20pg, 20ph, 20pi, 20pj, 20pk, 20pl, 20pm, 20pn, 20po, 20pp, 20pq, 20pr, 20ps, 20pt, 20pu, 20pv, 20pw, 20px, 20py, 20pz, 20qa, 20qb, 20qc, 20qd, 20qe, 20qf, 20qg, 20qh, 20qi, 20qj, 20qk, 20ql, 20qm, 20qn, 20qo, 20qp, 20qq, 20qr, 20qs, 20qt, 20qu, 20qv, 20qw, 20qx, 20qy, 20qz, 20ra, 20rb, 20rc, 20rd, 20re, 20rf, 20rg, 20rh, 20ri, 20rj, 20rk, 20rl, 20rm, 20rn, 20ro, 20rp, 20rq, 20rr, 20rs, 20rt, 20ru, 20rv, 20rw, 20rx, 20ry, 20rz, 20sa, 20sb, 20sc, 20sd, 20se, 20sf, 20sg, 20sh, 20si, 20sj, 20sk, 20sl, 20sm, 20sn, 20so, 20sp, 20sq, 20sr, 20ss, 20st, 20su, 20sv, 20sw, 20sx, 20sy, 20sz, 20ta, 20tb, 20tc, 20td, 20te, 20tf, 20tg, 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20un, 20uo, 20up, 20uq, 20ur, 20us, 20ut, 20uu, 20uv, 20uw, 20ux, 20uy, 20uz, 20va, 20vb, 20vc, 20vd, 20ve, 20vf, 20vg, 20vh, 20vi, 20vj, 20vk, 20vl, 20vm, 20vn, 20vo, 20vp, 20vq, 20vr, 20vs, 20vt, 20vu, 20vv, 20vw, 20vx, 20vy, 20vz, 20wa, 20wb, 20wc, 20wd, 20we, 20wf, 20wg, 20wh, 20wi, 20wj, 20wk, 20wl, 20wm, 20wn, 20wo, 20wp, 20wq, 20wr, 20ws, 20wt, 20wu, 20wv, 20ww, 20wx, 20wy, 20wz, 20xa, 20xb, 20xc, 20xd, 20xe, 20xf, 20fg, 20fh, 20fi, 20fj, 20fk, 20fl, 20fm, 20fn, 20fo, 20fp, 20fq, 20fr, 20fs, 20ft, 20fu, 20fv, 20fw, 20fx, 20fy, 20fz, 20ga, 20gb, 20gc, 20gd, 20ge, 20gf, 20gg, 20gh, 20gi, 20gj, 20gk, 20gl, 20gm, 20gn, 20go, 20gp, 20gq, 20gr, 20gs, 20gt, 20gu, 20gv, 20gw, 20gx, 20gy, 20gz, 20ha, 20hb, 20hc, 20hd, 20he, 20hf, 20hg, 20hi, 20hj, 20hk, 20hl, 20hm, 20hn, 20ho, 20hp, 20hq, 20hr, 20hs, 20ht, 20hu, 20hv, 20hw, 20hx, 20hy, 20hz, 20ia, 20ib, 20ic, 20id, 20ie, 20if, 20ig, 20ih, 20ii, 20ij, 20ik, 20il, 20im, 20in, 20io, 20ip, 20iq, 20ir, 20is, 20it, 20iu, 20iv, 20iw, 20ix, 20iy, 20iz, 20ja, 20jb, 20jc, 20jd, 20je, 20jf, 20jg, 20jh, 20ji, 20jj, 20jk, 20jl, 20jm, 20jn, 20jo, 20jp, 20jq, 20jr, 20js, 20jt, 20ju, 20jv, 20jw, 20jx, 20jy, 20jz, 20ka, 20kb, 20kc, 20kd, 20ke, 20kf, 20kg, 20kh, 20ki, 20kj, 20kl, 20km, 20kn, 20ko, 20kp, 20kq, 20kr, 20ks, 20kt, 20ku, 20kv, 20kw, 20kx, 20ky, 20kz, 20la, 20lb, 20lc, 20ld, 20le, 20lf, 20lg, 20lh, 20li, 20lj, 20lk, 20ll, 20lm, 20ln, 20lo, 20lp, 20lq, 20lr, 20ls, 20lt, 20lu, 20lv, 20lw, 20lx, 20ly, 20lz, 20ma, 20mb, 20mc, 20md, 20me, 20mf, 20mg, 20mh, 20mi, 20mj, 20mk, 20ml, 20mm, 20mn, 20mo, 20mp, 20mq, 20mr, 20ms, 20mt, 20mu, 20mv, 20mw, 20mx, 20my, 20mz, 20na, 20nb, 20nc, 20nd, 20ne, 20nf, 20ng, 20nh, 20ni, 20nj, 20nk, 20nl, 20nm, 20nn, 20no, 20np, 20nq, 20nr, 20ns, 20nt, 20nu, 20nv, 20nw, 20nx, 20ny, 20nz, 20oa, 20ob, 20oc, 20od, 20oe, 20of, 20og, 20oh, 20oi, 20oj, 20ok, 20ol, 20om, 20on, 20oo, 20op, 20oq, 20or, 20os, 20ot, 20ou, 20ov, 20ow, 20ox, 20oy, 20oz, 20pa, 20pb, 20pc, 20pd, 20pe, 20pf, 20pg, 20ph, 20pi, 20pj, 20pk, 20pl, 20pm, 20pn, 20po, 20pp, 20pq, 20pr, 20ps, 20pt, 20pu, 20pv, 20pw, 20px, 20py, 20pz, 20qa, 20qb, 20qc, 20qd, 20qe, 20qf, 20qg, 20qh, 20qi, 20qj, 20qk, 20ql, 20qm, 20qn, 20qo, 20qp, 20qq, 20qr, 20qs, 20qt, 20qu, 20qv, 20qw, 20qx, 20qy, 20qz, 20ra, 20rb, 20rc, 20rd, 20re, 20rf, 20rg, 20rh, 20ri, 20rj, 20rk, 20rl, 20rm, 20rn, 20ro, 20rp, 20rq, 20rr, 20rs, 20rt, 20ru, 20rv, 20rw, 20rx, 20ry, 20rz, 20sa, 20sb, 20sc, 20sd, 20se, 20sf, 20sg, 20sh, 20si, 20sj, 20sk, 20sl, 20sm, 20sn, 20so, 20sp, 20sq, 20sr, 20ss, 20st, 20su, 20sv, 20sw, 20sx, 20sy, 20sz, 20ta, 20tb, 20tc, 20td, 20te, 20tf, 20tg, 20th, 20ti, 20tj, 20tk, 20tl, 20tm, 20tn, 20to, 20tp, 20tq, 20tr, 20ts, 20tt, 20tu, 20tv, 20tw, 20tx, 20ty, 20tz, 20ua, 20ub, 20uc, 20ud, 20ue, 20uf, 20ug, 20uh, 20ui, 20uj, 20uk, 20ul, 20um, 20un, 20uo, 20up, 20uq, 20ur, 20us, 20ut, 20uu, 20uv, 20uw, 20ux, 20uy, 20uz, 20va, 20vb, 20vc, 20vd, 20ve, 20vf, 20vg, 20vh, 20vi, 20vj, 20vk, 20vl, 20vm, 20vn, 20vo, 20vp, 20vq, 20vr, 20vs, 20vt, 20vu, 20vv, 20vw, 20vx, 20vy, 20vz, 20wa, 20wb, 20wc, 20wd, 20we, 20wf, 20wg, 20wh, 20wi, 20wj, 20wk, 20wl, 20wm, 20wn, 20wo, 20wp, 20wq, 20wr, 20ws, 20wt, 20wu, 20wv, 20ww, 20wx, 20wy, 20wz, 20xa, 20xb, 20xc, 20xd, 20xe, 20xf, 20fg, 20fh, 20fi, 20fj, 20fk, 20fl, 20fm, 20fn, 20fo, 20fp, 20fq, 20fr, 20fs, 20ft, 20fu, 20fv, 20fw, 20fx, 20fy, 20fz, 20ga, 20gb, 20gc, 20gd, 20ge, 20gf, 20gg, 20gh, 20gi, 20gj, 20gk, 20gl, 20gm, 20gn, 20go, 20gp, 20gq, 20gr, 20gs, 20gt, 20gu, 20gv, 20gw, 20gx, 20gy, 20gz, 20ha, 20hb, 20hc, 20hd, 20he, 20hf, 20hg, 20hi, 20hj, 20hk, 20hl, 20hm, 20hn, 20ho, 20hp, 20hq, 20hr, 20hs, 20ht, 20hu, 20hv, 20hw, 20hx, 20hy, 20hz, 20ia, 20ib, 20ic, 20id, 20ie, 20if, 20ig, 20ih, 20ii, 20ij, 20ik, 20il, 20im, 20in, 20io, 20ip, 20iq, 20ir, 20is, 20it, 20iu, 20iv, 20iw, 20ix, 20iy, 20iz, 20ja, 20jb, 20jc, 20jd, 20je, 20jf, 20jg, 20jh, 20ji, 20jj, 20jk, 20jl, 20jm, 20jn, 20jo, 20jp, 20jq, 20jr, 20js, 20jt, 20ju,					

BUREAU V. 1

JAN 22 1953

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No.

1150

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived If institution- Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>PRINCESS ANNE, MARYLAND</u>		c. LENGTH OF STAY IN 1b <u>LIFE TIME</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS <u>PRINCESS ANNE, MARYLAND. RT #3</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>DANIEL SMITH</u>		4. DATE OF DEATH Month Day Year <u>I 27 1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/8/1892</u>
9. AGE (In years last birthday) yrs. <u>65</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A .</u>	
13. FATHER'S NAME <u>JEFFERSON SMITH</u>		14. MOTHER'S MAIDEN NAME <u>SALLIE STOCKLEY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHN SMITH PRINCESS ANNE, MARYLAND. RT #3</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>8 years</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>July 10, 1952</u> to <u>Jan 27, 1958</u> that I last saw the deceased alive on <u>Jan 27, 1958</u> , and that death occurred at <u>7:30 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Eldon G. Markman</u>		ADDRESS (Street, city or town, state) DATE SIGNED <u>Princess Anne, Md</u>	
PHYSICIAN'S NAME (Type) <u>ELDON G. MARKMAN</u>		<u>PRINCESS ANNE, MARYLAND</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	22b. DATE THEREOF <u>1/30/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>GRACE</u>	22d. LOCATION (City, town, or county) (State) <u>VELOCITY TRAIL RD</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>William H. James Jr Princess Anne</u>		24a. REC'D BY REGISTRAR DATE <u>JAN 29 '58</u>	24b. REGISTRAR'S SIGNATURE <u>Will James</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar for burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED

JAN 29 1959

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01143

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 CRISFIELD	
c. LENGTH OF STAY IN 1b 67 YRS.		d. STREET ADDRESS FOURTH STREET	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EDW. W. MCCREARY MEMORIAL HOSP		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HARLAN Keeler First Middle Last		4. DATE OF DEATH JANUARY 8 Month Day Year 19 58	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 9, 1890
9. AGE (In years last birthday) 67 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER		10b. KIND OF BUSINESS OR INDUSTRY Plumbing	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM STERLING		14. MOTHER'S MAIDEN NAME HESTER WYATT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 218-12-1833	
17. INFORMANT WILLIAM R. STERLING, CRISFIELD, MD.		Address 206 SOMERSET AVE	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage 331X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Jan 6, 1958 , to Jan 8, 1958 that I last saw the deceased alive on Jan 8, 1958 , and that death occurred at 2:10 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE C. G. Rawley M.D.		ADDRESS (Street, city or town, state) CRISFIELD, MARYLAND	
PHYSICIAN'S NAME (Type) DR. C. G. RAWLEY		DATE SIGNED CRISFIELD, MARYLAND	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 1-10-58	22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	22d. LOCATION (City, town, or county) (State) Crisfield, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Bradshaw & Sons, Crisfield, Maryland ADDRESS		24a. REC'D BY REGISTRAR JAN 13 '58	24b. REGISTRAR'S SIGNATURE W. J. Edue

TO HOSPITAL OR AT HOME: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar for to burial, cremation, removal, and in any event within 72 hours after death.

RECEIVED

JAN 18 1953

BUREAU V. S.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar or to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1152

CERTIFICATE OF DEATH

Reg. Dist. No.

01144

1. PLACE OF DEATH a. COUNTY SOMERSET MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY SOMERSET	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CRISFIELD		c. LENGTH OF STAY IN 1b 3 DAYS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EDW. W. MCCREARY MEMO. HOSP.		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANK Middle THOMAS Last THOMAS		4. DATE OF DEATH Month JANUARY Day 17 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 29, 1879
9. AGE (In years last birthday) 78 yrs.		10. IF UNDER 1 YEAR Months 17 Days 17 Hours 17 Min.	11. IF UNDER 24 HRS Months 17 Days 17 Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY MARYLAND	
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME JOSEPH THOMAS		14. MOTHER'S MAIDEN NAME MARY E. MASON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO	
17. INFORMANT BAILEY THOMAS, Rt. VERNON, MD.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia with 7 Kent 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (b) Chronic myocardial infarction DUE TO (c) and arterial sclerosis INTERVAL BETWEEN ONSET AND DEATH Years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jan 1, 1958 to Jan 17, 1958 that I last saw the deceased alive on Jan 17, 1958 and that death occurred at 4:05 PM from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED George C. Coulbourn M.D. Marion Station, Md.			
ACTUAL SIGNATURE George C. Coulbourn M.D. Marion Station, Md.			
PHYSICIAN'S NAME (Type) GEORGE C. COULBOURN, M.D. MARION STATION, MARYLAND			
22a. BURIAL CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) (State)
Burial	1/20/58	Marion Presbyterian	Princess Anne Ind.
23. FUNERAL DIRECTOR'S SIGNATURE James H. Himes		24a. REC'D BY REGISTRAR JAN 23 '58	24b. REGISTRAR'S SIGNATURE Alfred

BUREAU V. E.

AN 28 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01145

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Somerset</u> MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne R.F.D.</u> c. LENGTH OF STAY IN lb <u>Life</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Princess Anne R. F. D.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Somerset</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Princess Anne R. F. D.</u> d. STREET ADDRESS _____											
3. NAME OF DECEASED (Type or print) First <u>Van</u> Middle <u>Eugene</u> Last <u>Trader</u>				4. DATE OF DEATH Month <u>January</u> Day <u>24</u> Year <u>1958</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>November 26, 1957</u>		9. AGE (In years last birthday) yrs. <u>1</u> Months <u>29</u> Days _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (State or foreign country) <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13. FATHER'S NAME <u>Vaughn Trader</u>						14. MOTHER'S MAIDEN NAME <u>Cynthia Gale</u>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Cynthia Gale, Princess Anne, R.F.D.</u>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u> <u>491X</u> DUE TO _____ Conditions, if any, which gave rise to immediate cause (b) _____ (a), stating the underlying cause lost, DUE TO _____ (c) _____												INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)														19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Month, Day, Year Hour a. m. _____ p. m. _____ 19____				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)							
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>															
ACTUAL SIGNATURE <u>R. H. Johnson</u>						M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>						DATE <u>January 25, 1958</u>			
EXAMINER'S NAME (Type) <u>R. H. Johnson M. D.</u>						22a. BURIAL, CREMATION, or other disposal 22b. DATE THEREOF <u>BURIAL 1/25/58</u> 22c. NAME OF CEMETERY OR CREMATORY <u>St. John</u>									
23. FUNERAL DIRECTOR'S SIGNATURE <u>William H. James</u>						24a. REC'D BY REGISTRAR <u>W. H. James</u>				24b. REGISTRAR'S SIGNATURE <u>W. H. James</u>					

MEDICAL CERTIFICATION

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate within the ward "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial-cremation, or re-cremation.

BUREAU V. E.

JAN 28 1958

RECEIVED

1154

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station		c. LENGTH OF STAY IN 1b X Marion Station - Rt. 1 - Box 393	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Henry Last Ward		4. DATE OF DEATH Month January Day 19 Year 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 31, 1904
9. AGE (In years last birthday) 53 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood Worker for self	11. BIRTHPLACE (State or foreign country) White Stone, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME James Henry Ward, Sr.	
14. MOTHER'S MAIDEN NAME Sadie Nickens		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 214-18-4828		17. INFORMANT Lillie Mae Ward - Marion Station, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 331X IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			INTERVAL BETWEEN ONSET AND DEATH 2 days
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
ACTUAL SIGNATURE R. H. Johnson		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
EXAMINER'S NAME (Type) R. H. Johnson, M.D.		DATE SIGNED Jan. 21, 1958	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 1/21/58	22c. NAME OF CEMETERY OR CREMATORY John Wesley	22d. LOCATION (City, town, or county) (State) Marion Sta. Md. Som. Co.
23. FUNERAL DIRECTOR'S SIGNATURE Charles H. Ward		24a. REC'D BY REGISTRAR 1/22/58 24b. REGISTRAR'S SIGNATURE W. H. Leach	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate with the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form FM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

CERTIFICATE OF DEATH

Reg. Dist. No. 01147

1140

1. PLACE OF DEATH a. COUNTY Somerset MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Maryland b. COUNTY Somerset			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield				c. LENGTH OF STAY IN 1b Lifetime			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Asbury Ave. (Box 257)				/ d. STREET ADDRESS Asbury Ave. (Box 257)			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First DAISY Middle STERLING Last WILSON				4. DATE OF DEATH Month January Day 13 Year 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 4, 1880	
9. AGE (In years last birthday) 77 yrs.		IF UNDER 1 YEAR Months 77 Days 77 Hours 77 Min. 77		IF UNDER 24 HRS. Months 77 Days 77 Hours 77 Min. 77			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator				10b. KIND OF BUSINESS OR INDUSTRY Garment Mfg.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U S A							
13. FATHER'S NAME Luther Sterling				14. MOTHER'S MAIDEN NAME Mary Ellen Sterling			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. Horace Ned Wilson—Asbury Ave.—Crisfield, Md.			
17. INFORMANT Address Horace Ned Wilson—Asbury Ave.—Crisfield, Md.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inferior Mesenteric Thrombosis 451X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) Dissecting Aneurysm DUE TO (c) Arteriosclerosis Interval between onset and death 14 hours Unknown							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerosis Heart Disease and Parkinsonism							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Jun 8, 1954 to Jan 13, 1955 that I last saw the deceased alive on Jan 12, 1955 and that death occurred at 4:15 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) Main St.—Crisfield, Md. DATE SIGNED 1/14/58							
ACTUAL SIGNATURE A. N. Barr, M.D. M.D. Crisfield, Md.							
PHYSICIAN'S NAME (Type) Dr. A. N. Barr, M. D. Main St.—Crisfield, Md.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Jan. 16, 1958		22c. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		22d. LOCATION (City, town, or county) (State) Crisfield, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bradshaw & Sons—Crisfield, Md.				24a. REC'D BY REGISTRAR DATE JAN 17 '58		24b. REGISTRAR'S SIGNATURE Q. L. Lewis	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Decemter

Novemder

Novemder

Oristfield

Lafayette

Oristfield

Agency Ave. (Box 237)

Agency Ave. (Box 237)

WILSON

STERLING

WILSON

Dec. 4, 1938

White

Female

U S A

Bellevue, Wt.

Garment Mfg.

Machine Operator

Mary Ellen Sterling

Infant Sterling

Bellevue and Wilson--Agency Ave.--Oristfield, Wt.

BUREAU V. R.

JAN 17 1939

RECEIVED

Oristfield

Bellevue Cemetery

Bellevue & Bond--Oristfield, Wt.